

APPLICATION FOR CAP DRIVER'S PERMIT

Last name, First Name, Middle initial			Charter #	Social Security #	
Mailing Address			Zip Code	Home Telephone	
Male	Female	Height	Weight	Date of Birth	Date Joined CAP

The following items must be submitted with this form:

1. Copy of MVR for the last three (3) years _____
2. Photocopy of **valid** Georgia Driver's License _____
3. Photocopy of current CAP membership card _____
4. Is CAPF 75 essential to your duty assignment? _____

*For renewals of existing CAP Form 75, check off items 1, 2, and 3 above and 5 below:

5. Photocopy of both sides of existing CAP Form 75 _____

I certify that all pertinent directives have been complied with and that the requested action is in the best interest of Civil Air Patrol.

Unit Charter #	Signature of Requester	Typed Name and Grade of Requester
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Approved	Signature of Flight/Squadron Commander	Action # and Date
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Approved	Signature of Wing Commander	Wing	Action # and Date
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